

 <p>National Aeronautics and Space Administration Goddard Space Flight Center Greenbelt, Maryland 20771</p>	REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	OFFICE USE ONLY 	
SECTION I – INITIATING OFFICE			
1. NAME OF APPLICANT (Last, First, M.I.)		2. CODE OF APPLICANT	
3. JOB TITLE	4. TEL. EXT	5. FAX NUMBER	6. E-MAIL ADDRESS
7. POSITION LEVEL: <input type="checkbox"/> A. NON-SUPERVISORY <input type="checkbox"/> B. SUPERVISORY		8. FUNDING SOURCE <input type="checkbox"/> DIRECTORATE <input type="checkbox"/> CENTER <input type="checkbox"/> NASA <input type="checkbox"/> OTHER (e.g., R&D etc. ____	
IF TRAINING IS OFF-SITE COMPLETE ITEMS 9-13 (otherwise skip items 9-13)			
9. NAME OF ORGANIZATION CONDUCTING TRAINING		10. LOCATION OF TRAINING (City & State)	
11. ADDRESS (including ZIP Code), PHONE AND FAX NUMBERS OF ORGANIZATION TO WHICH NASA SHOULD SEND PAYMENT			
12. TRAINING COSTS			
A. TUITION _____		B. BOOKS _____	
C. FEES/OTHER _____		D. TUITION & FEES TOTAL _____	
13. TRAVEL COSTS			
A. TRAVEL _____		B. PER DIEM _____	
C. OTHER _____		D. TRAVEL TOTAL _____	
14. IF THIS COURSE IS ON-SITE AND YOU REQUIRE SPECIAL ACCOMMODATIONS, PLEASE CHECK HERE <input type="checkbox"/>			
15. COURSE TITLE (If off-site attach a copy of the course description and the cost information)			16. CATALOG/COURSE # (If applicable)
17. COURSE LEVEL (Mark (X) one only)			
<input type="checkbox"/> A. NON - ACADEMIC <input type="checkbox"/> B. GRADUATE <input type="checkbox"/> C. UNDERGRADUATE <input type="checkbox"/> D. SECONDARY ACADEMIC			
18. CENTER-FUNDED ACADEMIC PROGRAMS (Please indicate if course is part of any of the following)			
<input type="checkbox"/> A. USP <input type="checkbox"/> B. PTGSP <input type="checkbox"/> C. SFP <input type="checkbox"/> D. WRI <input type="checkbox"/> E. COOP <input type="checkbox"/> F. OTHER _____			
19. COURSE DATES (Mo., day, yr.)		20. NO. OF COURSE HOURS	
A. From _____ B. To _____		A. During Duty B. Non-Duty	
21. IF ACADEMIC, NUMBER OF CREDITS			
22. JUSTIFICATION FOR TRAINING			
<input type="checkbox"/> RELATED TO CURRENT/FUTURE JOB DUTIES <input type="checkbox"/> RELATED TO NASA MISSION <input type="checkbox"/> OTHER (brief justification required; you may attach separate document)			
SECTION II – RECOMMENDED APPROVALS AND SIGNATURES			
NOTICE – If training is Academic signature at right (item 23) constitutes an agreement to continue in service, per conditions on reverse		23. SIGNATURE OF APPLICANT	
24. DATE			
25. NAME AND TITLE OF IMMEDIATE SUPERVISOR		26. SIGNATURE	
27. DATE			
28. NAME AND TITLE OF SECOND LEVEL SUPERVISOR		29. SIGNATURE	
30. DATE			
31. NAME OF DIRECTORATE TRAINING COORDINATOR		32. FAX #	33. SIGNATURE
34. DATE			
SECTION III – GODDARD TRAINING/PROCUREMENT OFFICE			
35. TRAINING APPROVED		36. AMOUNT	
<input type="checkbox"/> A. YES <input type="checkbox"/> B. NO		37. SIGNATURE OF TRAINING OFFICIAL	
38. DATE			
39. SAP ENTRY		40. SENT TO ACCOUNTING	
A. INITIALS B. DATE		A. INITIALS B. DATE	
41. SIGNATURE OF CONTRACTING OFFICER		42. DATE	
43. COST CTR: _____		44. DOCUMENT/ PURCHASE ORDER NO.	
ORDER: _____			
FUND: _____		45. CREDIT CARD	
PAYMENT: _____		INITIALS: _____ DATE: _____	
46. AUTHORIZED REIMBURSEMENT AMOUNT UP TO:		47. PPC	
48. BILLING INSTRUCTIONS (Furnish invoice to):			
NASA Goddard Space Flight Center Career Development & Emp. Worklife Office, Code 114 Greenbelt Road, Greenbelt MD 20771			
49. VENDOR ID:	50. CAGE CODE:		

PRIVACY ACT NOTICE

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974). December 31, 1974, for and as amended individuals completing Federal nomination for training forms.

AUTHORITY - The Government Employees Training Act of 1953 (U.S. Code, Title 5, Sections 4101 to 4118).

PURPOSES AND USES - The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; and it serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

Effect of Nondisclosure - Personal information provided on this form is given on a voluntary basis, as is participation in any training program. Failure to provide this information, however, may result in ineligibility for participation in training programs.

OBLIGATED SERVICE AGREEMENT

For all NASA-funded academic training, employees incur a period of obligated service equal to three times the length of the training. This means that the employee agrees to remain in the employment of NASA for the obligated service period, which begins at the conclusion of the course. Time spent attending the class during non-duty hours and time granted off from work is counted in the total hours of training. (However, if an employee attends class during duty time granted off from work, class time is not counted).

EXAMPLE:

Employee attends a three-credit course during duty hours, and receives 8 hours off per week to attend class and study/prepare class assignments.

8 hours X 15 weeks = 120 hours off for the semester

120 X 3 = 360 hours (this is the period of obligated service)

Obligated service period begins at the conclusion of the semester in which the course occurs.

REIMBURSEMENT:

If an employee fails to complete the period of obligated service, he or she is obligated to pay back a proportional share of training funds expended.

EXAMPLE CONTINUED:

Employee works off 180 hours of the 360 hours obligation. The employee therefore owes 50% of the Training funds expended.